2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008077

Entity Name: WOUND TECHNOLOGY NETWORK - SOUTH FLORIDA, LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3440 HOLLYWOOD BLVD SUITE 460 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

3440 HOLLYWOOD BLVD SUITE 460 HOLLYWOOD, FL 33021

FEI Number: 65-1022209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, JEFFREY L
54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483 US
COHEN, JEFFREY L
909 S.E. 5TH AVENUE
DELRAY BEACH, FL 33483 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/25/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: GALITZ, JEFFREY
Address: 1069 WEST MORSE BLVD SUITE 1

Name: GALITZ, JEFFREY
Address: 3440 HOLLYWOOD BLVD., SUITE 460

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: POLLACK, GEORGE I Name: POLLACK, GEORGE I

Address: 1069 WEST MORSE BLVD SUITE 1 Address: 3440 HOLLYWOOD BLVD., SUITE 460

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE POLLACK MGR 03/25/2009